

STORAGE

WHOLE NUMBER,

CCXXXI.

OCTOBER, 1880.

NUMBER 3,

VOLUME XX.

THE BUFFALO Medical and Surgical Journal.

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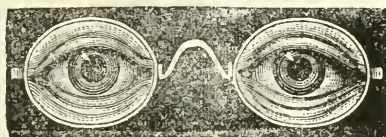
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Cinchonia do	25 "		20	24	2	
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BALTIMORE, MD., February 28, 1880.

J. W. HOUCK, M. D.

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CHICAGO, April 14, 1880.

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Original Communications.

S T A T E R E G U L A T I O N O F T H E P R A C T I C E O F
M E D I C I N E . *

B Y W I L L I A M D . G R A N G E R , M . D .

WITHOUT a law defining what it is to be a physician, any person, whatever his qualifications, or even if he be without any, who styles himself a physician, is one "to all legal intents and purposes." He can exercise the same powers, enjoy the same rights and privileges, and is subject to the same restrictions, whether he has graduated at a school, chartered by the state in which he lives, or whether he never opened a medical book, until he announced himself a "doctor." To-day, in any State without a law regulating the practice of medicine, irregular practitioners of all kinds are to be found, and in our larger cities worse than mere ignorance flourishes. Here congregate the imposters, charlatans, abortionists, and abettors to crime, even to the grade of murder, who live under the protection of the law, and are as legally doctors as any in the land. So great has this evil become that laws regulating this matter have been passed in most, if not all

* Extracts from a paper read before the Buffalo Medical Association, Sept., 1880.

the countries of Europe, the British Provinces, and in the States of New Hampshire, Vermont, New York, North Carolina, Illinois, California and Texas, and perhaps some others. In most foreign countries it is the law to have a body appointed to take cognizance of the preliminary education, and make rules for the matriculation of the student, also to regulate the course of study to be pursued, and hold an examination independent of that of the schools, previous to his entering practice. Nothing of the kind has been attempted in this country. The most required here is that a man who desires to practice medicine, shall prove a good character, pass an examination before a state board to show he is fitted to practice, or present a diploma for approval to the proper authorities, or do both. * * * *

The power to enact a medical license law is one of the so-called police powers of the state, which, according to a high authority, embraces "not only the power to preserve public order, but also to establish for the intercourse of citizen with citizen, those rules for good manners and good neighborhood which are calculated to prevent a conflict of rights, and ensure to all the uninterrupted enjoyment of his own, so far as is reasonably consistent with a like enjoyment by others." It must be confessed that the passage of a medical license law does appear to interfere with the rights of individuals. Therefore it falls upon those desiring such a law, to show to the legislature that is asked to pass such a law, or to the court that is asked to sustain such a law, the necessity for the law. It must appear to them that such a law, interfering as it certainly does with the private rights of some persons, is for the benefit of the people. Should it appear to be enacted for the benefit of any class, as for instance the regular medical profession, it would surely be declared illegal. Recognizing this principle, the petitioners for a license law in Massachusetts, endeavored to prove to the legislature of that state last winter, the public necessity for the law they asked for; but they failed to convince the legislators, or remove from their minds that too many private rights would be broken to warrant its pas-

sage. In this interesting controversy the petitioners were not medical men, but were entirely from the laity. The movement was started by a branch of the American Social Science Association. They demanded a law to protect the community against the outrageous boldness of the unprincipled quacks of that state, where they exist in large numbers, especially in Boston. This petition was signed by men of the highest standing in the community, and the petitioners brought before the legislative committee the testimony of physicians, boards of health, prosecuting officers, the officers of private and public charitable institutions, death certificates of ignorant or vicious physicians, coroners' cases, and records of convictions in the court, newspaper advertisements, and from other sources attempted to show the necessity for the law, and yet for reasons which will afterwards be given, but largely because of counter petitions, and complaints that the law was intolerant and exclusive, and for the benefit of a few, and that the rights of many would be interfered with, the law was almost unanimously defeated.

An examination of the medical laws of the different states shows that the tendency of legislation is, first, to legislate who are physicians, and to establish rules by which they may be entitled to practice; second, to define what it is to practice medicine; third, to fix penalties for the punishment of those who practice without authority. Under the first head there is generally provided a licensing board, before which all persons desiring to practice shall appear. In some states an approved diploma is necessary. In others, as in Texas, which has the latest and most stringent law, one is not necessary, but all who desire to practice must first pass an examination before the licensing body. In some states each medical society appoints an examining board. In others, a mixed board is appointed from the different societies, who examine on all questions except therapeutics. * * * [Reference was then made to the practical difficulties encountered in attempting to legislate and define who are physicians, and also accurately to define just what it is

to practice medicine. Cases were cited, and laws referred to, to show the difficulties involved, and the following conclusion arrived at.] It would appear then, however carefully the law may be worded, it will come upon judges to decide what it is, and to limit the meaning of the term to practice medicine, in accordance with the statute law of the state, and for the jury to decide of the person on trial is guilty in a particular and specified act of breaking the law. * * *

The most interesting phases of this subject in its present state, are, the law lately passed in Illinois, and which has been productive of so much good in that state, and the effort to have a law passed in Massachusetts last winter. * * *

Brushing away detail, the Illinois law, passed in 1877, enacts "that every person practicing medicine in any of its departments shall possess the qualifications required by the act." There are three classes of persons allowed to practice by this law; those holding approved diplomas, those not holding diplomas, and all those who have practiced ten years in the state.

The state board of health is made the licensing body. Persons holding diplomas must present them to the board for verification of their genuineness, and prove under oath they are the person named in the diploma. They then receive a certificate, which with specified personal items must be recorded for the purpose of identification with the County Clerk. Persons *not* holding diplomas must pass an examination before the board, which in the language of the act "shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner." If they receive a certificate, they must register, as must also practitioners of ten years' standing, and *all* others who practice, even if they are not authorized to do so. The law attempts to define practicing medicine as "publicly professing to be a physician, prescribing for the sick, or appending the letters 'M. D.' to one's name."

Midwives come under the clause "practicing medicine in *any* of its departments," and therefore are subject to the same

rules in practicing as physicians, and like them, are obliged to license and register. * * *

From the summary of the report of the board, just published, it appears that in 1880 there are one thousand less practitioners of all kinds in the state than in 1877. That there are one thousand seven hundred and fifty less unqualified practitioners. Also that five hundred and fifty persons, who in 1877 were unqualified to practice, have since, by study in the schools qualified themselves to practice in consequence of this law. The diplomas of two hundred and ten schools have been recognized, and four hundred fraudulent diplomas from Philadelphia and other cities refused. Certificates have been issued to five hundred and fifty midwives, and three hundred, unqualified, have ceased to practice.

The great value of this law is, that all physicians, whether licensed or not are obliged to register, and that the power to license is placed in the one body, and that this body, the board of health, has exerted itself to enforce the law. The weak points of the law are, that persons may practice without a diploma, and that persons with one are allowed to practice without being obliged to be examined to prove their fitness to practice. For the true principles of state medical license are, that all candidates for practice should be examined by a state licensing board that is entirely independent of all the medical colleges, in the state, and he also should be obliged to have a diploma from an approved school. The recognition of these two principles are the most distinctive features of the law proposed by the Massachusetts petitioners. * * *

This law provides for the appointment by the Governor of a body of eight physicians and one dentist, chosen from the different chartered medical societies in proportion to their membership. The regular society with twelve hundred members was to have five, the homœopaths two, and the eclectics one on the board.

Before this board all persons desiring to enter the practice of medicine or dentistry must come and pass an examination on all subjects except therapeutics. After passing this examination they must present a diploma for approval, prove three years study and a good character, then, if they are found qualified they shall receive a license to practice. The reason for presenting the diploma after the examination is, that the board may not know to which school of medicine the candidate belongs. The law also provided for the licensing of midwives if found competent to practice. I have spoken only of the principal points in the law. Many of its details are necessary in order to fully understand its method and object. This law seems to be very comprehensive, and, if the board of examiners do their work well, if the prosecuting officers do their duty, and more than all, if public opinion sustains such a law, it would seem, even if all physicians are not made regular, the people at least would be served by educated physicians.

The opposition to the law was determined, and powerful in numbers. The law had considerable newspaper notoriety. It was defended in some newspapers, by the *Boston Medical Journal*, by most physicians, by many public minded citizens, and largely by the clergy. It was opposed by many papers, by some of our oldest and most honored physicians, by all the quacks and their friends, and by many educated and intelligent citizens. Many objected to it that it interfered with the rights of a large number of citizens, that it debarred many from the services of their favorite and trusted physician; that it was class legislation for the benefit not of the public, but for the pockets of a few. Many persons were brought before the legislative committee to testify that after being treated by regular physicians without benefit, or their cases given up as hopeless, they were cured by these very men the law purposed to prohibit practicing. The reasons for the opposition of members of the regular profession are worthy of careful consideration. Objection was made to the board being appointed by the Governor, and so becoming a

political office ; also, to its being a mixed board. It was said that these men whom we have expelled from our society, and pronounced irregular, are now asked to examine our members, and see if they are fitted to practice, and if so, license them. Quackery, it was said, would be made respectable. That the worst men, being able to pass examinations, would advertise themselves "licensed physicians." That it is impossible by law to make men honest. That the law would be inoperative, that juries would fail to convict, and there would be another unenforced law on the statute books.

The answer to these objections was : that as it was purely a state matter the appointments must and ought to go to the Governor. That a mixed board was necessary because the law was asked for by non-professional men, for their own protection ; that the object of the law was not to make regular, but educated physicians ; that the weaker societies, who could have easily defeated the bill, showed great confidence in our honor in agreeing to place in the hands of a board, made up of a majority of members bitterly opposed to them, the licensing of their members ; that the only bone of contention, therapeutics, was left out of the examination, and therefore, for these reasons, it could not in any objectionable sense be said that these irregular practitioners licensed members of the Massachusetts Society to practice medicine. It was said that license laws were enforced in other states, and it was reasonable to suppose that it could be in this state, while it was further held, that if there were difficulties in the way it only the more became the duty of those interested to make an earnest effort to enforce it, and also to do what was more important, try and create a public sentiment to sustain the law.

* * * As I have said the bill did not become a law. * * * It appears then that the subject of state regulation of the practice of medicine is on trial in this country. What is the best law to meet our peculiar wants is yet to be determined. It is doubtful if the public are ready to enforce a law that commends itself to the best judgment of our profession and a large class

of our thinking citizens. The subject is beset with many practical difficulties. Some of these I have endeavored to point out to you in this paper.

INDUCTION OF LABOR IN PROTRACTED PREGNANCY.

BY P. W. VAN PEYMA, M. D.

THE object of this short paper is twofold: First, to insist upon and emphasize the fact that cases of protracted pregnancy do occur; and secondly, to show that some of these cases, being recognized as such, are properly treated by the induction of labor.

That pregnancy is occasionally protracted beyond the recognized limit of 278 to 280 days, we believe to be quite generally admitted. Still, this assumption may not be allowed to pass unchallenged, and we will therefore fortify our position by quoting at some length a number of well-known writers upon obstetrics:

Cazeaux devotes a chapter to the subject of retarded labor, in the course of which he says: "As an ordinary rule the pregnancy terminates about the two hundred and seventieth day after conception. However, labor often occurs at an earlier period than this, and on the other hand, it may not appear until some time in the course of the tenth month, or even at the termination of this period, although the latter is a much more unusual circumstance.

After speaking of Mr. Tessier's observations upon cows and mares, submitted to the Academy of Science, at Paris, he adds: "the question would still remain undetermined, if careful observations directly made, and well made, on the human species had not removed all doubt on that point. For several cases bearing on this subject now enrich our science, where a single well-established instance would suffice to produce conviction." Cazeaux then proceeds to quote as an example, Desormaux's case, in which pregnancy was protracted to nine calendar months and a fortnight.

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Bedford also quotes this case and adds: "I cite this case to show that nature does sometimes exceed the ordinary period of 280 days, or 40 weeks," and he adds: "there are numerous other cases recorded by authors of equal probity, exhibiting not only the occasional protraction of gestation, &c.;" but he further adds, "that Dr. Simpson records, as having occurred in his own practice, cases in which the period reached 336, 332, 324 and 319 days; Dr. Merriman, 278 days, and Prof. Murphy, 297 days. Dratles reports two cases which nearly equaled 356 days each, and Prof. Meigs publishes a case which he deems entirely trustworthy of 420 days. Dr. Bedford's conclusion is that the precise duration of pregnancy is not positive but simply relative.

Leishman relates a case in which delivery occurred 295 days after a single coitus. The weight of the child was 12 lbs. and 3 oz.

Dr. Playfair, after speaking of the Gardner peerage case, says: "Since that time many apparently perfectly reliable cases have been recorded in which the duration of gestation was obviously much beyond the average, and in which all sources of fallacy were carefully excluded." He calls attention to Simpson's cases and adds, "Indeed the experience of most accoucheurs will parallel such cases which may be more common than is generally supposed, inasmuch as they are only likely to attract attention when the husband has been separated from the wife beyond the average and expected duration of the pregnancy." Playfair also cites some cases in which pains coming on at the expected time subsided, and the labor did not occur until a month after, or at over 300 days from the supposed commencement of pregnancy.

Taylor in his medical jurisprudence, and other writers, give similar testimony. It is admitted that the cessation of menstruation and quickening are not always reliable data, but the existing evidence is sufficient that liberal allowance can be made for occasional errors. The testimony brought forward is believed to be sufficient for our purpose, and is considered proof that preg-

nancy is occasionally protracted beyond the usual period of about 40 weeks. We now come to the second proposition, viz.: cases of protracted pregnancy, sometimes occurring and admitting of recognition as such, are sometimes properly treated by the induction of labor at the usual time of parturition, if not before. As an example I submit the following case.

Mrs. H., aged 27, pregnant for the third time. First labor normal. During the course of the second pregnancy she became convinced that gestation was being protracted beyond the usual period. The physician in attendance, one of recognized standing, while at first skeptical, appears to have become satisfied of the fact after about two weeks' delay, and accordingly induced labor by means of internal remedies, presumably ergot. Within twenty-four hours labor was excited, but was difficult and completed only after long delay and the use of forceps. The child weighed over 12 lbs.

July 10th I was called to see Mrs. H. in her third pregnancy, and informed of the previous history as given. Upon making an examination I could not satisfy myself that gestation was completed. The patient informed me that she ceased to menstruate on the 19th of September, and also affirmed that she had never suffered from irregular menstruation. Although 294 days had here elapsed, I still advised delay, and to this the patient reluctantly submitted. On the 25th of July I was again called and found Mrs. H. very nervous, nearly hysterical over her condition. She implored me to do something for her. After mature deliberation I decided to induce labor. My objects were two: first, to relieve the patient's mind, she being quite sick with apprehension and worry; and, secondly, to deliver her of a smaller child. The os uteri being dilated sufficiently to admit a finger, introduced a flexible bougie, No. 9, between the uterine walls and the membranes, a distance of about six or seven inches. The remainder of the instrument was curled up in the vagina. Pains were soon excited, and the labor progressed slowly but normally until the os was dilated to the size of an

orange, when it being quite rigid and the pains weak and inefficient, the forceps were applied and the labor completed with their aid. The child was quite large and fully developed; weight not determined. The date of birth 27th of July, which shows three hundred and eleven days to have elapsed since the cessation of menstruation.

The question is, was the procedure justifiable? As the sequel proves no harm was done. On the other hand were not some good results obtained? The child was quite certainly smaller than it would have been at any subsequent time. The mother was spared the anxiety of anticipating a severe labor, the result of an overgrown child.

While I admit that this procedure is very liable to abuse, I also claim that, as in this case, it has its advantages. Certainly the induction of labor in certain cases is considered justifiable—for example, in deformed pelvis, placenta prævia, excessive vomiting, &c. Why not in these cases? Why less when the head promises to be too large, than when the pelvis is too small? Playfair says: "I shall only briefly refer to a few more uncommon causes which occasionally necessitate its performance. One of these is a habitually large, or over-firmly ossified foetal head. Should we meet a case in which the labors are always extremely difficult, and the head apparently of unusual size, although there is no apparent want of space in the pelvis, the induction of labor would be perfectly justifiable, and in all probability would accomplish the desired object. In such cases the full period of delivery would require to be anticipated by a very short time. A week or a fortnight might make all the difference between a labor of extreme severity and one of comparative ease. If it is justifiable to anticipate the full term, it must certainly be so to interfere when this time is reached or passed.

The data obtained from the cessation of menstruation, and from quickening being admitted as occasionally misleading, the trouble will be found in determining exactly when the full term is reached. This being determined, the course of action seems clearly to be the induction of labor at the proper time.

SOLE-LEATHER SPLINTS.—AN IMPROVED PROCESS
FOR MAKING THEM.

BY BERNARD BARTOW, M. D.

THE use of sole-leather for splints and other surgical appliances, though commonly mentioned by surgical writers, has never reached great popularity owing to the difficulty attending its ready manipulation. Possessing as it does, strength, lightness, durability and porosity—almost every requisite for a perfect splint—it is unfortunate that it should be lacking in pliability,—which constitutes the principal objection to its more general use. This difficulty, however, of moulding leather upon complicated forms, is only a comparative one, for when the necessary force can be employed, it can be made to assume quite easily, almost any desired shape.

As ordinarily used, a splint has been formed by moulding a previously moistened piece of leather, upon the limb which it was designed to support. In such cases, the limb being injured, or in some other abnormal state, only a slight degree of force could be used in forming it; the result would be an imperfectly fitting, clumsy support. Even though the limb were normal and able to bear considerable pressure, the yielding nature of the muscular tissue would prevent the formation of, what is a desideratum in a splint, viz., the counterpart of the limb in form.

These objections to the free use of leather for splints, I have in large part overcome, by substituting for the human limb, accurate casts in plaster of Paris, of human limbs. These furnish resisting forms upon which the leather, previously moistened and rendered flexible, can be moulded by the application of the requisite force, so that a splint made in the manner I shall describe shall be a counterpart of the form upon which it is made. To make a cast of a limb—taking for example the leg and foot, I first make a mould in the following manner: The limb is freely anointed with olive oil, after which a tight fitting stocking may be drawn upon it (a bandage nicely applied from

the toes to the knee answers nearly as well as the stocking.) For an adult limb, take one pound of bee's wax and melt it by placing it in a basin of boiling water, when the melted wax will rise to the surface. With a flat paint brush, evenly and quickly apply the melted wax to the limb, the limb being held in the proper position by an assistant, taking care to apply it thinly when putting on the first layer, to avoid burning the model. After the limb is thinly covered with wax it may be applied quite freely without burning. When a coating one-eighth of an inch thick has been formed upon the limb, cut through the stocking and wax upon the front of the leg, from the knee to the toe, and carefully spring the mould off the limb. Adjust the cut edges and fasten with a few strips of cloth dipped in hot wax, after which the mould is evenly bandaged to give it additional strength, and then placed in a box or keg containing light loam or sand which is placed around the mould, to support it evenly while the plaster is being poured in. After the plaster has "set" the mould may be removed from the casting in the same manner as from the limb, and laid aside for subsequent use. For the splint, a piece of sole-leather from one-sixteenth to one-fourth of an inch in thickness (according to the strength necessary for the splint) sufficient to invest the casting, is required. Before applying this, it should be soaked from one to three hours in warm water until it is quite soft and flexible, then wrap it around the casting, cutting away the leather until the edges meet accurately in front, at the top of the cast, at which point it should be fastened with a strong cord. Then with a long piece of marline or clothes-line closely wind the leather upon the cast, cutting away, in advance of the cord, the superfluous leather as it is drawn to the front, making the edges meet in the centre of the cast in front; in this manner continue over the entire surface of the leather, which will be drawn in, and made to conform to every part of the surface beneath it. Place the whole in an oven to dry. Then remove the leather case from the cast, and cut it down the centre behind, making two side

splints. After cutting away the sharp edges, the splint is ready for use.

A number of castings of limbs, from persons of different ages and sizes, may, in this manner be made and upon them may be formed splints, which would be adapted to all ordinary uses. Their durability enables them to be used an indefinite number of times, and even though they may be moistened frequently, in fitting them to different individuals, they retain their form. With them, the ease with which a fractured limb may be dressed, is reduced to a minimum, as is also the subsequent care that a case of fracture requires. The splint being the exact mould of a limb in proper position, a fractured limb once encased with it, is firmly and accurately held in the proper position for the bones to unite. Extension is constantly maintained by reason of the splint taking hold of the whole surface of the limb. Either the scultetus or many-tailed bandage may be employed to secure the splint, which will allow of easy examination of the limb with the least possible disturbance. The patient may be permitted to go upon crutches in four weeks with such a dressing, the lightness of which is no inconsiderable feature in the comfort he enjoys in this connection. In one case of fracture of both bones of leg occurring in the practice of a friend, the patient was permitted to go about on crutches at the end of fourteen days with this form of dressing. It is not claiming too much for it, to make the statement, that it will wholly take the place of plaster of Paris as a permanent dressing for fractures.

I can recall twenty-five cases of fracture of the leg in which I have employed this form of splint, or seen it employed; and in every instance it has given eminent satisfaction to both patient and physician. I know of no case where deformity has followed its use, and in no case where it has been used has the shortening of a limb exceeded one-half inch, while in many cases no shortening was discoverable. A number of surgeons of this city have employed it, and all report the most gratifying results from its use.

The same process I have described for making splints, would, it seems to me, be applicable for making the corset or jacket for spinal curvature. This appliance made of leather would possess many advantages over plaster of Paris, or the "paper and glue" brace of Dr. Morgan Vance. It could be easily removed for purposes of cleanliness, as the degree of curvature changed it could be remoulded to accord with the changes, while its expensiveness to begin with, might exceed that of other methods, its durability, and the ability to use it over and over, would in the end make it the most economical apparatus.

Clinical Reports.

NEPHROLITHIASIS, NEPHROTOMY.

BY HERMAN MYNTER, M. D.

MRS. D., 45 years of age, of a healthy family, never had any serious disease except smallpox when 15 years of age. She has borne eleven children in normal deliveries. During the pregnancies she has always complained of burning on urinating, and of pains of doubtful character in the abdomen. During her last pregnancy, two and a half years ago, the urine had for four weeks a reddish color, the pains were more severe, and she kept her bed for four weeks. She has never discovered gravel or stone in the urine.

Her disease commenced in August, 1878, with pains in the left lumbar region. These increased gradually and were considered to be of rheumatic origin, and were consequently treated with liniments and cataplasma, with relief for a time. About Christmas, 1878, the pains increased again, and soon became severe. For three months subsequently she was confined to her bed, and for six weeks constant injections of morphine were resorted to. She had for some time considerable fever (104 to 105° Fahr.) In January, 1879, a tumor had been discovered in

the lumbar region, which slowly increased and extended forwards and upward in the region of the spleen. She had then constant pain and burning on micturation, but the chemical examination of the urine proved normal. In March, 1879, her physician, Dr. Tobie, aspirated the tumor from the lumbar region, and evacuated about 4 $\frac{3}{4}$ matter, with considerable relief to the patient. The swelling increased again and perforated at last at the point of puncture in May, 1879, about one pint of matter being evacuated. She felt considerably better for a long time, and the fistula discharged freely. In September a mass several inches long and half inch thick, of firm consistency and whitish color, but whose nature was not ascertained, was discharged through the fistula, followed by a copious evacuation of matter, about one pint in all. In December a similar, but smaller piece, was discharged, but the pains increased again, and she was again obliged to keep her bed. As long as the matter discharged freely through the fistula, the patient felt comfortable, but if the discharge stopped, the pains and difficulties in urinating increased, and the urine contained pus in considerable quantity. She was sent to me by Dr. Tobie for surgical treatment December 20th, 1879, at which time the condition was as follows: A swelling was felt along the whole left lumbar region, extending in front into the vicinity of the spleen, where a tumor was perceived, much similar to an enlarged spleen, but not reaching above the lower margin of the ribs. The tumor was of a solid consistency and not fluctuating. The twelfth rib was considerably nearer the crest of the ileum than on the healthy side. Midway between the end of the twelfth rib and crista ilii there was found a fistulous opening, through which a sound could pass three inches upwards, inwards and to the right. No denuded bones or stones could be felt. The fistula was discharging quite freely at this time, and she, therefore, felt comfortable. An examination of three samples of urine, taken eight hours apart, showed two (midday and evening) to be clear, without albumen and with but a few pus corpuscles, while the third

(morning) contained a considerable residuum, which under the microscope consisted of innumerable fine pus corpuscles, a few epithelial cells from the bladder and no casts. This sample contained considerable albumen.

Dec. 30th. Two stones of considerable size were discharged through the fistula to-day, thus fixing the diagnosis to nephrolithiasis.

After consultation with Dr. Miner, operation was determined upon, with the view of extirpating the kidney, and performed Dec. 31st under chloroform, Drs. Miner, Tobie, Hauenstein, Lothrop and Diehl being present. An incision was made from the eleventh rib to crista ilei through the fistula, but no trace was left of the normal anatomy. The whole tissue between twelfth rib and the crest of the ileum consisted of fibrous, unyielding almost cartilaginous tissue, which was divided with difficulty. To give more place, two inches of the eleventh rib were resected, subperiostally as in Czerny's method for extirpation of the kidney, but without much advantage resulting. Fascia lumbo-dorsalis, the sacrospinalis and quadratus lumborum muscles were all included in, and transformed into this fibrous tissue which was about three inches thick. By dilating and following the fistula the finger at last reached the place of the kidney, but the kidney itself could not be distinguished nor isolated, the finger meeting the same hard tissue everywhere. The margin of the quadratus lumborum muscle was the only thing, which could positively be recognized. By following the fistula farther downward, a little cavity was found filled with gravel and stones, which were removed. They consisted of phosphates and weighed about 2 z. The fistula in its whole length was filled with soft bleeding granulations. As it was impossible to isolate and extirpate the kidney, the cavity was syringed out, with carbolic water (5 per cent.), and covered with a solution of carbolic acid and sweet oil (1 to 10), and salicylic jute, a drainage tube having been introduced. The farther course was favorable for a time. The wound healed, except where the drainage tube

was left, the tumor in front got smaller and visibly retracted, the appetite increased, everything seemed to promise a good result, when on January 20th, 1880, a crupous pneumonia set in, which terminated fatally Jan. 24th.

At the post-mortem examination the whole left lung was found in a state of hepatization from pneumonia. In the abdominal cavity a tumor was seen between colon descendens and the mesenterium of ileum, pressing the peritoneum forward and the descending colon outward. The tumor was as large as the fist, fluctuating on top, but with that exception, hard as cartilage, adherent to the pancreas and colon descendens. The fluctuating part was incised and contained pus, and stones of different sizes. The whole tumor was extirpated, in connection with parts of the organs, to which it was adherent, it being impossible to separate them.

The tumor consisted of the kidney, which was transformed into a retention cyst, containing a great number of cavities, all connected with the pelvis of the kidney, and containing any number of stones and much broken down pus. No trace of the normal kidney tissue was left, that organ being replaced by this sac with hard cartilaginous walls and septa. The incision had opened into what was the pelvis of the kidney.

This case is of interest, as showing that there is, or may be, a limit in which the extirpation of the kidney is justifiable, even in cases of stones in the kidney; for we see that long continued suppuration can produce such changes in the organ itself and the surrounding tissues, as to make the extirpation virtually impossible.

A CASE OF PUERPERAL SEPTICEMIA.

BY FREDERICK PETERSON, M. D.

B. W., seamstress, aged 19, entered the Buffalo General Hospital, private room No. 7, Nov. 11, 1879, pregnant about five and one-half months, primipara. Until her confinement

was very melancholy, spending one-half the time in weeping over her misfortunes. According to Fordyce Barker, this would be an important factor in complicating her troubles.

March 5.—A patient in room above her was attacked with idiopathic erysipelas of a most alarming nature, ending fatally in six days. As soon as the character of this disease was determined, our pregnant patient was removed to the pavilion, a wooden, well-ventilated and thoroughly disinfected building separate from the Hospital proper. All communication that in any way might prove infectious, was cut off from the main building.

March 11.—Labor began at 10 P. M.; first stage, six hours; second, three hours; third, five minutes; R. O. P. ten pound, male; perineum torn some distance into sphincter ani; put in three silk stitches immediately; later gave morphia gr. $\frac{1}{8}$ because of pain and sleeplessness.

March 12.—Passed catheter toward evening, and continued to do so two or three times daily for several days; all right until

March 14.—7 P. M.: Pulse 153, temp. $102\frac{3}{4}^{\circ}$, resp. 30; lochia offensive, tympanites; uterus enlarged, tender and extending to umbilicus; temp. through night 104° , and once 105° .

March 15, A. M.—Temp. 103° , pulse 120; breasts being full, and mother refusing to nurse child, evacuated them with pump and strapped with emp. belladonna; had no further difficulty with them; ordered vaginal douche: warm water Oj, acid. carbolic. $\mathfrak{z}$ iii, and few grains pot. permang., night and morning. For two or three days used tinct. verat. vir. every three or four hours to lower pulse which had the desired effect; quinia, first in v gr.-doses, then in $\mathfrak{z}$ ss gr.-doses, with pulv. opii gr. i, given every four hours; turpentine stupes applied to abdomen; in two or three days metritis subsided; uterus returning to normal dimensions; stimulants given.

March 24.—Hard chill at midnight; followed by nausea and vomiting this morning, and pulse 154, temp. 105° C. T.

March 25, A. M.—Every symptom of collapse; brandy ammonia carb. given often in small quantities. Drs. White and Diehl saw the patient in this state, and death within a few hours was naturally prognosticated. Dr. W. advised the hypodermic injection of sulphuric ether as a last resort, but the patient in a short time began to rally, and the ether was not needed.

March 29.—Great tenderness in right iliac region, and a tumor size of fist has appeared just above Poupart's ligament. There is also a tumefaction of the right wall of vagina, making it difficult to introduce the nozzle of the syringe used in giving the douche. It was called a cellular abscess, but as fluctuation could not be obtained, it was thought best not to open it to-day; lochia scanty and purulent.

March 30.—Tumor suddenly disappeared and diarrhoea set in; pus and feces pass through vagina and rectum. It seems that the abscess has burst into both rectum and vagina at the same time, making a fistula by the approximation of its walls; temp. now $100\frac{1}{4}^{\circ}$; takes brandy and broken ice constantly; diarrhoea ceased the next evening.

April 7.—Bowels constipated for a week; sits up in bed; pulse and temp. nearly normal; no vaginal discharge; has had small abscesses on lips and trunk, one in right external auditory meatus and one on end of nose; knees very tender.

April 8.—Bowels moved; hard walls of abscess can be felt through abdomen, but has no tendency to refill; pulse dichrotic; feels smart but is very weak; for ten days following this date; had a typhoid temperature, 99° – 100° morning, $102\frac{1}{2}$ – $103\frac{1}{4}^{\circ}$ evening.

April 28.—Temp. and pulse normal; can sit up in a chair and walk a few paces; recto-vaginal fistula healed some time ago.

May 19, 1880.—Left hospital entirely well.

STRANGULATION OF THE SMALL INTESTINE BY
THE MESENTERY OF THE ILEUM.

BY A. M. BARKER, M. D.

WM. E., a strong healthy looking man, age 25, single, occupation a teamster, was admitted to the Hospital of the Sisters of Charity, about 11 P. M., Aug. 31st. The history of the case previous to his entrance is furnished by Dr. W. H. Slacer.

"I was called at 5 P. M., Aug. 31st, to attend Wm. E. He had been eating very freely of green apples the day previous. He was attacked suddenly about two o'clock on the morning of the 31st with pains in the abdominal region. Was able to be around all day, but suffered considerable pain. Said he had a slight passage from the bowels during the night and voided urine at the time. I found him in pain, pulse 160, feeble, a cold sweat over the entire surface of the body and an urgent desire to urinate, which he was unable to do. The abdomen was hard and dull on percussion; bladder slightly distended. An attempt was made to pass a catheter, but was compelled to relinquish it on account of the patient's resistance and unfavorable surroundings. $\frac{1}{4}$ grain of morphia sulph. was administered hypodermically, and the patient removed at once to the Hospital."

I saw him for the first time about ten o'clock the next morning. He was in a condition of collapse. The skin was cold and covered with a clammy perspiration; pulse 160, weak and feeble; temperature 102.

He had passed urine quite freely very soon after his admission to the Hospital, and also had a passage from the bowels. The abdomen was very hard, somewhat retracted, not in the least tender, and dull on percussion. He was free from pain and insisted that he was not very sick and that he would be about by the next morning.

Stimulants were administered very freely and morphia sulph. was ordered should pain recur. From his condition I did not think he could possibly live more than four or five hours. At

my visit next morning I found him still alive and in much the same condition as upon my first visit, with the exception that he was exceedingly thirsty and had drunk a large quantity of water during the night. He was regurgitating a yellowish looking fluid, free from odor, and with no consistence.

He was still hopeful but very much weaker. The abdomen was not tympanitic, nor swollen, but very hard upon pressure. He died at six o'clock on the evening of Sept. 2d. As he was being carried from the ward of the Hospital, several quarts of yellowish fluid, free from odor, escaped from the mouth.

Autopsy 24 hours after death by Dr. Slacer and myself. We found the abdomen tympanitic and very much swollen.

An incision was made through the abdominal wall and a large amount of bloody serum escaped. The abdominal cavity was found partially filled with this fluid. The intestines were very much distended with gas, and a portion of the smaller were adherent from a recent peritonitis, very red, intensely congested, but not in the least softened. About 3 feet from the ileo-cæcal valve we found that some 4 or 5 feet of the small intestine had passed through a slit in the mesentery of the ileum, which was firmly constricted. Beyond the constriction, the intestine was tightly twisted and tied in a *double knot*, which it was almost impossible to untie. Upon opening the gut it was found free from fecal matter, but completely filled with what appeared to be pure blood. The amount was estimated to be at least 32 ounces.

The large and small intestines not involved in the constriction were in a healthy condition and not in the least congested. No examination of the heart and lungs was made.

Upon reviewing the case, from the intense thirst, and the large amount of blood found in the intestines and abdominal cavity, from the condition of the intestines and peritoneum we were inclined to believe the patient died from exhaustion caused by the hemorrhage into the bowels and peritoneal cavity. Regarding the correct diagnosis of such cases, I believe it impossible to make one, other than obstruction of the bowels. Regarding the

treatment, the only possible chance for recovery would be a resort to laparotomy. The utter impracticability of such an operation in the case reported, was evident at the autopsy, which showed it would have been an impossibility to restore the bowel had abdominal section been attempted.

For a history of similar cases I would refer to the chapters on constrictions, occlusions and displacements of the intestines, by Leichtenstern, in Vol. VII of "Ziemssen's Cyclopædia of the Practice of Medicine."

Translations.

ANTISEPTICS IN OPHTHALMOLOGY.

FROM THE SPANISH BY LUCIEN HOWE, M. D.

THE eminent Professor Wecker, of Paris, while on a visit to Madrid recently, delivered a lecture before the leading men in the medical profession of that city on this important subject. The following extracts are taken from the report in the *Cronica Oftalmologica* ano X num I.

* * * "Without further delay, then, I proceed at once to the topic, the subject of my discourse being antiseptic therapeutics considered in an ophthalmological point of view, and as connected thus with medicine as a whole. Let us, therefore, study some of the diseases of the eye, which are related to general medicine, commencing with those which affect the conjunctiva, especially purulent ophthalmia of children or of adults.

"As regards this trouble in the former class, I believe it will be avoided in the future by causing such mothers as suffer from an evident gonorrhea, to make use of disinfecting injections during the time of pregnancy. Among adults, the development of the disease is always preceded by a local infection from persons having the disease. * * *

"I would not say it was necessary that this infection should proceed directly from the individual. It frequently happens in

eastern countries, that isolated persons contract a purulent ophthalmia without coming in contact with others, beginning thus as a simple catarrhal affection induced by climatic influences. But as the conjunctival secretion accumulates along the edges of the lids, and as these people are not given to frequent ablutions, putrefactive changes are produced by the warmth, and a purulent ophthalmia thus established. In such an instance, the individual poisons himself, and the more one studies the subject the more evident does it become that in all cases there is infection. What is more natural then, than infection should be treated by disinfection? * * * *

"I would also call your attention to the treatment of wounds of the cornea and particularly, to what occurs in the capital operation for cataract. By a careful study of these conditions one is convinced, even when the lesions are of traumatic character, that they are subject to infection and are to be considered all the more threatening in proportion, as this is intense. It is impossible not to think that all suppurations of the cornea, which follow operations, are due to infection. I consider it criminal to operate on an eye having already a contagious trouble, such, for example, as occurs in the lachrymal passage, in the conjunctiva or along the borders of the lids, nor should we operate for cataract without previously disinfecting the eye, whether we know it has been exposed or not.

"With some few modifications, Lister's method, with all its details, can be used in ophthalmic practice. I did believe, and I have said in my *Therapie Oculaire*, that the use of the atomizer was irritating to the eye, but during the past year I have been convinced from constant trial, that I was wrong. Carbolic acid spray, as employed by Lister, produces no irritation, nor does it hinder the operation for cataract, nor retard the cure. I should also say a few words concerning the best disinfectants for use in diseases of the eye.

"Carbolic acid solutions, about two parts to one hundred, have the inconvenience of smarting somewhat, and irritating the lids;

Salicylic acid is faulty in being easily precipitated from its solutions, and deposits crystals upon the cornea, as has been shown by experiments practiced upon animals; and although this has not been observed in the human subject, still the objection is worthy of consideration. Boracic acid has the evident advantage of being free from odor and perfectly harmless, but like the last, is not an active disinfectant unless used in very concentrated solutions. By mixing the last two substances, however, a better and more stable solution is obtained.

"For this purpose, especially in corneal troubles, and for disinfection of the eye as a whole, I make use of a formula containing twenty parts of boracic acid, with two of salicylic acid to one hundred of water.*

"And while speaking of corneal diseases, I should also mention agents which are in vogue for their treatment, especially the sulphate, or better, the salicilate of esserin and the sulphate and muriate of quinine.

"Esserin is very frequently employed in corneal affections, and is, to a certain extent, I think, well worthy of the reputation it has won. It has been clearly shown, however, that this is not a disinfectant. What has it then to do with a lecture on antiseptics? The infection of a corneal wound inevitably produces suppuration, which is itself immediately caused by a wandering of the white blood corpuscle through the minute openings—stomata—of the blood vessels.

"Now, experiments upon animals have shown that esserin contracts these openings in the walls of the vessels, and is therefore an active agent in controlling such transudations. You see, then, how this can retard the suppurative effect of infection without being strictly an antiseptic, and thus can be explained the importance which has been attributed to it in corneal affections, although not acting as a disinfectant.

* There must be some mistake in the proportions as here given. Boracic acid is not so readily soluble in cold water. "Crystallized boracic acid is insoluble in ether, soluble in alcohol, and requires about 30 parts of cold, and 3 parts of boiling water for solution."—*Nat. Dispensatory*.—Tr.

"According to recent experiments, verified at Rome and other points in Italy, we now know that in the atmosphere of those districts, where low forms of intermittent (paludine) fevers are endemic, there exist real organisms, which, being absorbed, affect individuals; unquestionably we may impute to these substances, the more or less pernicious effect of such fevers. If it should be doubted that the first febrile disturbance of a purulent infection (which might be produced by the absorption of matter from an ulcerating cornea), should be treated by the exhibition of muriate of quinine, we must at least admit, that we treat the conditions resulting in these two diseases—namely, intermittent fever and purulent infection—by the internal use of sulphate of quinine. It would, therefore, appear that this agent should be classed among the more important of our antiseptics.

"Then leaving this special department, let us pass over to the more extended field of general medicine, although internal affections of the eye, can not be produced by direct contagion on account of the impenetrable membranes enveloping it.

"Let us take a variety of iritis for example. Suppose a man has a gonorrhœa, and from negligence or from excessively strong injections, there results an articular rheumatism, and gonorrhœal iritis, what relation is there between these three diseases? You may know, gentlemen, that experiments recently made in Germany, with special reference to acute articular rheumatism, have shown, that in the blood of those suffering from it, there exist certain organisms analogous to those found with paludine fevers and in septicæmia. We notice, also, that attacks of rheumatism come sometimes like a flash, the individual being seized with a high fever—attacks which I think have been quite aptly regarded as cerebral rheumatism.

"I call attention thus to the relation between gonorrhœal rheumatism and gonorrhœal iritis, and between chronic rheumatism and rheumatic iritis, in order to show how it happens, as to the latter disease, (iritis) that the infecting elements may pass into the blood from a gonorrhœal secretion—this having entered

the circulation through some abraded spot of mucous membrane—and thus produce a gonorrheal rheumatism or iritis.

“In my *Therapie Oculaire* it is asserted that “this should be considered a question of physics,” and an eminent surgeon of Munich, Professor Nussbaum, without knowing of that declaration, has repeated it. I have said before that therapeutics must be rational to be of any value, and I would now say that there must also be an antiseptic therapeusis, or there can be no other.”

Selections.

A POSITIVE SIGN OF PREGNANCY DURING THE FIRST THREE MONTHS.

THE *Detroit Lancet* contains an article under the above title, in which Dr. Carstens of that city refers to this “sign” in the following terms:

“The difficulty of diagnosing pregnancy during the earlier months is well known, and a positive and unfailing sign would be of great value. Reading in a late number of the *American Journal of Obstetrics* of a discussion, which took place in the Boston Obstetrical Society on this subject, and finding no mention made there, nor in the text books in general use, of a positive sign on which I have always relied and which in my experience never failed to enable me to make a diagnosis, it occurred to me to call your attention to this question. I was under the impression that it was a new, not heretofore described sign, but looking over the literature of obstetrics, I found that it has been mentioned years ago by Jacquemier and Kluege, but it seems to have fallen into oblivion, and is not mentioned in the ordinary text books.

I refer to the color of the mucous membrane of the vagina and cervix uteri. This I have always found of a purplish blue, or rather deep violet hue in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second and third month. I say it has never

failed, and it is not produced by any pathological condition, the different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue. I have often called the attention of students to this sign, and in dispensary practice it has repeatedly occurred that women under my treatment for uterine disease, have not attended for six or eight weeks, and hastily placing them on a table without inquiring about their last menstruation, I introduced a speculum, and was on the point of introducing a probe, or making an application to the uterus, when behold, there was the characteristic color. I desisted from further interference, and in every case which I could keep under observation the women were afterwards delivered at full term, or had a miscarriage.

"I have also been prompted to write this paper on account of a case lately under my observation, which puzzled me, and the other physician called, the details of which I shall write up some other time.

"The case was very peculiar, a woman under my treatment for endometritis and subinvolution. During the course of the treatment menstruation ceased, she claimed she was pregnant, but as I had applied various remedies to the mucous membrane up to the very fundus of the uterus, and continued to do so for some months, I insisted that she was not pregnant, and that it was impossible for her to be so. This continued for about five months, she claiming one thing and I denying it. Well, this woman had the peculiar violet discoloration, and I often asked myself the question, "Here is a case with the peculiar, and in your opinion, pathognomonic sign of pregnancy, and you say she is not in the family-way, how is this?" The vision of some day writing an article of value for the *American Journal of Obstetrics* suddenly vanished.

" 'Here,' I said to myself, 'is a case with the deep violet hue of the mucous membrane, she has other signs of pregnancy, but she is not pregnant, for you pass your probe readily to the fundus, your sign is not infallible.' But it occurred to me that it

might be a case of tubal or extra-uterine pregnancy, and I watched the case with great interest. One day I was called in haste; imagine my feelings when arriving at the bedside, I found between the thighs of the woman a five months dead fetus with the placenta still inside of the uterus. How unsatisfactory the case was otherwise, it, however, has strengthened my now un-failing faith in the sure sign of pregnancy, the violet hue of the mucous membrane of the genital organs.

"It has been claimed by some that this color of the mucous membrane is found in various pathological states. I claim that the discoloration in the latter case is different from that found during pregnancy; it is more blue and scarlet, mixed or mottled, nor is the peculiar soft velvety condition of the membrane present. I can simply call it violet, it must be seen, and then will never be forgotten. It is probably caused by engorgement of the veins.

"All I ask is that this sign be again looked for and submitted to a rigid investigation, and I am sure the verdict will be that it is the only sure sign we have at present to diagnose pregnancy from the first few weeks up to the fourth month. It has never failed me; I have often staked my reputation on it, but when I failed to heed the warning color, I came to grief."

TREATMENT OF DIPHTHERIA.

PRIVAT docent Dr. Jacob Schuetz, of Prague, having within the last seventeen years met with such marked success in the treatment of diphtheria with a solution of bromine (bromi puri, kali bromici ana o. 5, aq. dest. 100.0), feels prompted to call the attention of the physician again to this cardinal remedy. He employs the medicine in the form of a vapor inhalation when the air passages are involved, else as a gargle or an injection, or even pencils the diseased surfaces with it. The injections are to be preferred to the gargles, as in the process of gargling the tongue assumes such a position as to render thorough washing of the fauces almost impossible. Lime-water or a weak solution of bromine may answer for the injection and gargle, but the

penciling is to be performed with the concentrated bromic solution. The author, after having ineffectually tried to remove the membranous layer with a pincette, successfully adopted the following very simple method: Wrapping with a fine, clean piece of linen the index finger of either the right or the left hand, as the site of the disease may indicate, then dipping it into water, he rubs over the part, which on examination he has found covered with a membranous layer. Almost invariably more or less of this, clinging to the linen, will become detached. In many cases the layer, having been rendered loose by the procedure, is expelled subsequently by the efforts of hawking which the irritation induces, or by the injections, which are practiced immediately after the friction. In this manner he was often able to remove large and numerous masses from the affected parts. To determine whether this deposit was diphtheritic or croupous in nature, he had these masses examined at the pathological anatomical institute of Prague. In twenty-eight cases the author had an opportunity of witnessing the efficacy of this method. The resistance with which it in the beginning met at the hands of the patient and his friends was easily overcome, while the progress of the disease after the first application of friction was really marvelous. Inspection revealed the parts to be either partially or entirely clear. From that moment on, the condition of the patient also improved. The symptoms of febrile movement that might have been present quickly evanished, the appetite returned and refreshing sleep was again enjoyed. Though new formations were going on, the patients looked cheerful and happy. These new formations, however, did not display the severity of the first formed layer, and the parts from which the latter had been separated were, as a rule, spared. As the whole membranous deposit can only in exceptional instances be removed at once, it will be necessary to make frequent attempts at friction for a variable period of time. According to Schuetz there are some cases which may be pronounced cured in two or three days. The injections which are to be made after the de-

tachment of the layer, can be practiced by adults themselves with a pear-shaped rubber syringe. The removal of every newly formed patch of membrane may be entrusted to some friend. "If," continues the author, "my view that diphtheria is a local disease be disputed, or be proven incorrect, the fact nevertheless stands incontestable that it is the membranous layer which spreads, and spreading may invade the air-passages and cause suffocation. Again, experience teaches us that once the air-passages are implicated, the morbid process has a tendency to extend downward into the bronchioles. In that case, tracheotomy even would be of little avail, since the membranous deposit reaches farther below than above the seat of the operation, and when torn out rapidly reproduces itself. Hence, under these circumstances, it may become a matter of some consequence to know whether the removal of the first formed layer would not limit its extension and thus avert all danger. Should this prove correct the mechanical friction recommended here, may be the best, if not the only means at your disposal. I am already forced strenuously to oppose the idea entertained at present, that all injury to the layer must be avoided, because it excites the formation of new membranous layers. In the cases in which friction was employed after the manner indicated, the injured and bleeding surfaces were not again affected, and Professor Klebs, to whom I showed one of the cases, can substantiate the fact. The happy results which this method of treatment secured, the slight pain it occasioned, and the general state of well-being it induced were so remarkable that two families, particularly obnoxious to this disease, employed it at the slightest indication, even before consulting my advice. The observation was also made by them, that the layer could be stripped off more easily when the bromine solution was used, than when lime water was simply applied. The method of treatment employed in the twenty-eight cases treated up to this time, and ranging between three and sixty years of age, may be thus summarily expressed :

1. As soon as any part of the fauces is covered with a membranous layer, this must be washed and rubbed off in the manner described. Should it not come off entirely, the process must be immediately repeated;
2. As soon as the fauces are clear, two or three injections with a weak solution of bromine or simply water must be made by means of the rubber syringe;
3. The rubbing off must be practiced two or three times daily until no trace of deposit is visible;
4. In the intervals, the injections, which the patient can make himself, are to be repeated hourly;
5. In employing bromine solution as an injection, it is advisable to begin with a weak solution, gradually increasing the strength;
6. Should any membranous patch resist the described procedure, it would be judicious to pencil it with the concentrated solution of bromine, five or six times a day;
7. I am convinced that the cold compresses around the neck which are popularly in such high repute are not at all essential;
8. Swelling of the glands about the neck and lower maxilla may be treated with an iodine salve;
9. I isolate my patient and after recovery request them, as a matter of precaution, to ventilate the bed-clothes, allowing them, however, to adopt any method of disinfection they may deem proper."

—*Med. Nieuigkeiten*, No. 23, 1880.—*Lancet and Clinic*.

THE TREATMENT OF CONSUMPTION.

IN a paper on the treatment of pulmonary consumption, Prof. Péter, of Paris, insists strongly on the value of hydrotherapy. He begins with frictions with dry flannel, then passes to rubbing with cloths dipped in aromatic alcohol, cologne water, or vinegar, followed by dry friction for five or six minutes, and finally advances to the use of the cold sponge. The process is repeated twice daily, immediately after rising and before retiring. He believes sponging to be better than the douche, because it is more easily carried out. The chief points to be observed are, to accustom the patient gradually to the use of cold water, and not to prolong the bath too much at first. Prof. Péter divides

the sweats of phthisis into three classes, according to their cause, viz.: ordinary night-sweats, which depend not so much on the pulmonary trouble as on the general condition and the tubercular fever, the sweating which follows high evenings exacerbations of the fever, and colliquative sweats. To control the first, he recommends especially sponging with vinegar, combined with the usual internal remedies, such as acetate of lead, tannin, etc. Atropine, he considers unreliable. Quinine is useful for the second form, because it controls the fever. For the colliquative sweats, there is no remedy. For the cough, he gives opium and belladonna in small doses; he orders pills containing one-sixth of a grain of opium, and one-twelfth of a grain of ext. belladonna, and gives, at first, one at a dose, increasing afterward if necessary. When the cough causes vomiting, he gives one or two drops of tincture of opium before meals, with good effects. When the vomiting seems to be due more to dyspepsia than to the cough, he gives a few drops of hydrochloric acid after the meals. In such cases, alcohol in some form is also useful, but it must be given freely. For the diarrhœa, when it is due to simple intestinal catarrh, as is usually the case at the outset of the disease, he employs subnitrate of bismuth, in connection with a carefully regulated diet. When it is due to the use of cod-liver oil, or to the milk or grape cure, the exciting cause must be discontinued, and the stomach, if overloaded, be emptied by an emetic. When it is due to inflammation of the stomach and intestines, he prescribes opium, nitrate of silver, perchloride of iron, etc., and employs also derivatives to the skin. For colliquative diarrhœa there is no remedy. For controlling the expectorations, he has found the balsams, glycerine, and kermes, to be the best remedies. For hæmoptysis, he recommends in the first place, the use of emetics, and explains their action on the theory that they excite a reflex action through the sympathetic, which causes anæmia of the lungs, and controls the hemorrhage. When patients have been greatly reduced by the hæmoptysis, he has found quinine and ergotine useful.—*Allg. med. Cent. Zeit.*, February 25, 1880.—*Med. Record.*

ABORTION THROUGH SYMPATHY.

It is well known to veterinarians that among cows abortion prevails apparently through sympathy, becoming epidemic in herds. The following case, reported by a writer in the *British Medical Journal*, looks as if the same thing may occasionally occur in the human species. He writes:

"Some days since I was hurriedly sent for to see a woman, wife of a small tradesman, who was said to be violently flooding. On my arrival, to my surprise, I found *two* women in the one bed. The one for whom I was especially sent was said to be now easier, and free from flooding but that the other (her sister) was very bad, her "womb having come down" suddenly, while looking after her sister. Upon examination I found a three months' fœtus born, all but the head. I removed the child and placenta, which followed immediately, and turned to my other patient, and found that she, too, was miscarrying, and at about the same period of gestation."—*Medical and Surgical Reporter*.

Society Reports.

BUFFALO MEDICAL AND SURGICAL ASSOCIATION.

Stated Meeting, September 2, 1880.

THE PRESIDENT, DR. LUCIEN HOWE, IN THE CHAIR.

AFTER the reading and approval of the minutes of the last meeting, DR. GRANGER presented the paper for the evening on "State Regulation of the Practice of Medicine." [Extracts from this paper form the first article in the present number of this JOURNAL.]

In the discussion which followed, DR. ROCHESTER said he agreed with the writer in his view of the subject and only hoped that the law in this state, which was about to go into operation, would be found practicable in its working.

DR. CROWN spoke with special reference to the apparent ambiguity of the last section of this law. He quoted the interpre-

tation of the State Medical Society to the effect that it was no exemption from registration that we have practiced for ten years past. According to this, we must register whether we have practiced or not.

DR. BONNER, present by invitation, referred to a similar system in vogue in Canada, in spite of which, however, several men with diplomas from disreputable schools had, in some way, succeeded in obtaining a license to practice.

DR. WYCKOFF expressed his gratification as to the existence of such a law, but regretted any misunderstanding should be possible as to its interpretation.

DR. WHITE thanked the writer of the paper for calling attention to the subject. He thought, however, that the nature of our institutions was such, as to render legislation inoperative unless public sentiment could be educated to sustain the laws. These must originate with the community as a whole. If reputable physicians assist in forming medical laws, the ignorant and the quacks at once raise a cry against "class legislation."

If we ask for enactments regulating the practice of medicine, therefore, we arouse the suspicion that we are trying to benefit ourselves, instead of the public, for which such laws are really made. The only defense for honest physicians is in the medical societies. To these we can admit only those with whom we wish to be associated. In regard to the ambiguity as to the necessity of registering, as expressed in the law recently passed, Dr. White thought the Association should be enabled to act intelligently and to this end he proposed the following resolutions:

First, "That when this Association adjourns, it do adjourn to meet a fortnight from this evening, to hear a report from a committee which shall be appointed for the purpose of obtaining a legal opinion in regard to this law, and

Second, "That Drs. Granger, Barker and Keene be constituted a committee, and empowered to obtain from Judge Clinton, or some other gentleman of the bar, a clear interpretation of this law for our guidance."

These motions being separately seconded and voted upon, were both carried.

Under the head of "Voluntary Communications" Dr. Barker gave the history of a case of strangulation of the small intestine by the mesentery of the Ileum, (which appears as a Clinical Report in this issue of the Journal,) and at the same time presented for inspection a portion of the part involved. It was highly injected, much thickened, and distended villi of unusually large size covered its entire inner surface.

DR. HOWE called Dr. Rochester to the chair, and directed the attention of the Association to a form of demonstrating ophthalmoscope, by which the size of the retinal image could be rapidly made larger or smaller according as the observer desired a view of the fundus in general, or in detail. In this, too, the source of light was so protected as to cause not the least inconvenience to the patient, even when the examination was long continued. The working of the instrument was illustrated upon a case of partial atrophy of the optic nerve.

As a second communication Dr. Howe referred "to some experiments upon rabbits with a view to inoculate their conjunctivæ with gonorrhœal virus. The attempts were not sufficiently satisfactory to warrant any definite conclusions, and a request was made for assistance in obtaining the virus in different stages, from patients having that disease.

Reports from the different members as to prevailing diseases were meagre, there being in general less dysentery, diarrhœa, and similar troubles, than are usually met with at this season.

After transacting some routine business the Association adjourned.

SPECIAL MEETING, SEPT. 7.

The President was in the chair and the following were present: Drs. White, Rochester, MacNeil, Cronyn, Samo, Green, Mynter, Kilbourne, Keene, Bartlett, Hauenstein, Cary, Barker, Bailey, Shaw and Granger.

The PRESIDENT, in stating the object of the meeting, said that the exact meaning of the recent enactment was not entirely clear, and referred to the manner in which a discussion at the last meeting had led to the appointment of this committee.

DR. GRANGER then presented the following report on the interpretation of the medical law of 1880, chapter 513:

The Committee respectfully report that they have procured the written opinion of Judge George W. Clinton upon the subject referred to them. The Committee find no reason to question the correctness of Judge Clinton's interpretation of section 6 of the law, which is the most important point in the law to be determined. We therefore unanimously advise all members of this Association, whether they have been in practice a longer or shorter time than ten years, to register at the County Clerk's Office before the 2d day of October next.

WM. D. GRANGER,
A. M. BARKER,
J. W. KEENE,
Committee.

With the report the following opinion, by Judge Clinton, was presented and read:

OPINION.

Chapter 275 of the act of 1844 (sections 1 and 2) repealed all laws of the State prohibiting any person from receiving compensation for medical services, and provided that persons practicing without a license should not be liable to criminal punishment for practicing except in cases of malpractice, gross ignorance, or immoral conduct. It evidently divided all practitioners into two classes—the legally authorized and unauthorized. No one could be punished for practicing medicine without a license—he was enabled to recover the worth of his services, and was liable to severe punishment for malpractice, or gross ignorance, or immoral conduct. This distinction remained untouched until the passage of chapter 513 of the act of 1880. By section 1 that act abolishes all the privileges and exemptions of the before legally unauthorized class of practitioners. It prohibits a person not authorized by the act from practicing medicine and surgery. Consequently, such person, if he practice medicine or surgery, cannot maintain an action for his services; and the third section of the act makes him criminally liable to fine or imprisonment for so practicing. These evident changes in the general laws touching the practice of medicine and surgery sufficiently explain, in my opinion, the exception embodied in the concluding sentence of section 6 of the act. It was felt to be unjust that an unlicensed person who had practiced for ten years "last past" continuously without subjecting himself to punishment for malpractice or gross ignorance or immoral conduct, and who was actually pursuing the study of medicine and surgery in a legally incorporated medical college of the State, should be at once made punishable criminally for practicing, and therefore the exemption was enacted which allows him to continue his practice, subject to the old law, until he graduates and receives a diploma or is denied graduation within two years from the passage of the act.

If we erect the clause, "Nor shall there be any person who has practiced medicine and surgery for ten years last past" into a distinct sentence, the rest of the clause becomes sheer nonsense. The sentence, as it stands, must be read as one complete sentence, and so read, it cannot apply to any regular physician and surgeon of ten years' standing. No such physician "is now pursuing the study of medicine and surgery in" any "legally incorporated college in this State," with the intent to graduate from it and receive a diploma within two years. My opinion is that every person legally qualified to practice medicine and surgery in this State, who does not register himself in compliance with the act, (with the exception of section six), is

prohibited from practicing and made criminally liable by section three for practicing his profession. Our County Clerk has provided a book for registrations, consisting of blank affidavits. When a physician has filled the blank and taken the oath, there can be no doubt that he has fully complied with the law.

BUFFALO, Sept. 15, 1880.

G. W. CLINTON.

DR. ROCHESTER moved that the report be accepted and the committee discharged. Carried.

DR. S. C. GREENE called attention to the fact that the law did not make it the duty of anyone to prosecute persons violating the law, and suggested the law should be amended to make it the special duty of the District Attorney to prosecute.

DR. ROCHESTER said that an inducement to prosecute was made in the law by allowing persons making the complaint one-half the fine imposed. In reply to a question Dr. Rochester said he should consider it very dishonorable for anyone to prosecute simply to make money out of it.

DR. WHITE feared the law would be inoperative in driving out quacks, and that the people must sustain the law; that it would raise the cry of persecution should the regular physicians alone attempt to enforce the law.

DR. CRONYN thought that the District Attorney was too busy to do the work of prosecuting unless complaints were made in the regular way and came to him as other criminal cases did, to try. He suggested that a person be appointed whose special duty it should be to institute proceedings against violators of the law.

DR. GRANGER said that it seems an act of courtesy, as we now had an accepted interpretation of the law, to inform other physicians, not members of this Society, of the opinion we had obtained; and, also, for the purpose that the subject of enforcing the law might be brought before the county society, offered the following resolutions:

Resolved, That the Secretary be requested to inform the Secretary of the Erie County Medical Society of the true meaning of the new medical law, as interpreted to us by Judge Clinton, and request him to inform all members of that Society of the necessity to comply with the requirements of the law before October 2, 1880.

Resolved, That the Secretary be further requested to bring this law to the notice of the Erie County Society at its next meeting, and request them to take such measures as shall seem best to them to enforce the law against all unauthorized practitioners in this county.

DR. WHITE said that as all must register before October 2d, it might be that all members of the Erie County Society would not be informed of the true meaning of the law in time to register, therefore he moved the following resolution :

Resolved, That the Committee on the New Medical Law be reappointed and be requested to procure the publication of the proceedings of this Society in relation to the interpretation of the medical law passed at the season of 1880; and that they be requested to send a copy to every member of the Erie County Medical Society, and to the Secretary of the Medical Society of the Eighth Judicial District.

Seconded by Dr. Greene. Carried.

Adjourned.

Editorial.

THE NEW MEDICAL LAW.—ANOTHER INTERPRETATION.

IN our last number we criticized somewhat severely the law enacted by the last legislature, regulating the practice of physic and surgery in this State, and pointed out the main features of each section. The criticism thus made was submitted to competent legal authority, who coincided in the conclusions at which we arrived. Some difference of opinion having arisen as to the question whether our interpretation of the law was correct, the opinion of the eminent jurist, Judge Clinton, was obtained by direction of the Buffalo Medical Association, which will be found in the published proceedings of a special meeting of that society, in this number. It will be seen that the venerable Judge differs from the views we advanced, concludes that "any person legally qualified to practice medicine and surgery in this

State, who does not register himself in compliance with the act, is prohibited from practicing, and made criminally liable by section three for practicing his profession." We gladly accept this view of the law, which makes it incumbent upon every physician to register, and also affords educated physicians and the public some protection against the quacks, now infesting almost every hamlet in our state. The question of the fruits of medical legislation was also referred to in our last issue, and some doubt expressed in regard to the results of this and previous enactments. We hope the present law in its operations will prove an exception to all previous efforts to afford protection to the medical profession. This Journal will co-operate with any effort made by responsible persons, or legally constituted societies, to make it productive, of good. It may be that the time has arrived for such an effort. The current of thought in professional circles has turned in the last decade towards a higher standard of medical education, and if among the fruits of this enlightened sentiment we can chronicle also favorable indications for the protection of the reciprocal interests of the profession and the public, we shall conclude that the times present an auspicious omen which in the near future will entitle to respect the diploma conferring upon its recipient the degree of Doctor of Medicine.

We trust that the opinion of the learned judge will be carefully perused by our readers, and the advice contained therein promptly acted upon. The medical profession has always manifested a deep respect for the laws of the State, and inasmuch as the present law is intended for its own protection, it should be cheerfully acquiesced in, and a movement inaugurated to execute its provisions, and thus accomplish the end sought in legislation upon this and kindred subjects.

SICKNESS OF PROF. JULIUS F. MINER.

WE regret to announce the serious and alarming indisposition of Dr. Miner, who now lies prostrate in a condition to cause the deepest anxiety among the profession in this city. Dr. Miner's

health has been impaired for several years, but until within a few weeks, he has been able to attend to his extensive practice, and to perform even the severer surgical operations, which his acknowledged ability and wide reputation commanded. In the early part of September he was stricken with right hemiplegia, accompanied with great prostration of the vital powers. At one time his life was despaired of, but we are permitted to state, through the courtesy of Profs. White and Rochester, that a gradual improvement has taken place in his paralytic symptoms, and the indications for his recovery are more favorable than a week ago.

The deepest interest and anxiety prevail in professional circles, both here and elsewhere, for the distinguished patient whose life now hangs upon so uncertain a tenure, and we earnestly trust that the strong and indomitable will, which has mastered so many difficulties in the past, may bear him safely through the severe ordeal of his present sickness, and spare his life for future work in the profession he has so much adorned.

BUFFALO STATE ASYLUM FOR THE INSANE.— THE OPENING.

It is confidently expected that this important institution will soon be ready for occupancy, and will open for the reception of patients sometime during the present month. The Superintendent, Dr. Judson B. Andrews, has been in the city making the necessary preparations for inaugurating the work, with such success, that the Board of Managers anticipate that the labors, incident to the construction of these extensive buildings, will be so far completed, as to enable them to witness the realization of their hopes at an early day.

We have the utmost confidence that in the selection of subordinates for the various positions required in such institutions, the same wise judgment will be exercised as inspired the appointment of the able Superintendent.

The profession of the state, and especially of Buffalo, have a just pride in this institution, and with its modern appointments

and able medical corps, feel assured that it will at once command the leading position in the treatment of this class of diseases.

THE BUFFALO MEDICAL COLLEGE—SESSION OF 1880-81.

THE introductory lecture, which formally opens the regular course of medical lectures, will be delivered by Prof. E. V. Stoddard, on Wednesday evening, October 6th, at the Medical College. The lectures in the course will commence the following day. The curriculum will be enlarged the coming session, by the addition of a course of lectures on mental disorders, by Dr. Judson B. Andrews, the new Superintendent of the Buffalo State Asylum for the Insane. This important feature in medical education was urged several years ago, upon the State Medical Society by Prof. White, who will now be able to witness the successful introduction of instruction in this and allied subjects into the curriculum of the College over which he has so long and ably presided. We are also permitted to state that our colleague, Dr. Lucien Howe, has been invited to give a course of lectures on Ophthalmology, a selection which secures for the class superior advantages in this department.

The advantages offered by the Buffalo Medical College are well known and appreciated by the profession, and we join in congratulating the faculty upon its increasing reputation.

We hope the day is not far distant when we will witness the adoption of a graded course of instruction, such as Harvard has successfully inaugurated. In matters of medical education the standard is determined by the profession at large, and medical colleges in the standard of their requirements and the thoroughness of their instruction are but the exponent of that sentiment.

As journalists we will be prompt to recognize and endorse efforts here and elsewhere, tending to this important end. We wish the College deserved success in its labors for the advancement of medical science during the coming session.

Reviews.

The Microscopist. A Manual of Microscopy and compendium of the Microscopic Sciences, Micro-mineralogy, Micro-chemistry, Biology, Histology, and Practical Medicine. Fourth edition, greatly enlarged, with 252 illustrations. By J. H. WYTHER, A. M., M. D., Professor of Microscopy and Histology, in the Medical College of the Pacific, San Francisco, Cal. Philadelphia: Lindsay & Blakiston, 1880.

We gladly welcome a new edition of this valuable work. It is one of the most complete text books on the subject. The physician will find every necessary fact or principle relating to the microscope, clearly stated and classified; while the use of the instrument in practical medicine receives the largest attention. The chapters on the use of the microscope in pathology, diagnosis, and etiology, which have been added to this edition, largely increase the value of the book to the practitioner of medicine and to many a worker will prove a light in darkness. The illustrations are numerous and good, and, like all of Lindsay & Blakiston's books, the presswork is excellent. The book should be in the hands of every physician who uses a microscope.

The Practitioner's Reference Book. By RICHARD J. DUNGLISON, A. M., M. D. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1880.

The author endeavors to present to the profession, in a very condensed form, important data, gathered from standard authorities and medical periodicals, which can easily be referred to by the busy practitioner in the daily routine of practice. He has collected and conveniently arranged a vast amount of valuable matter, which the text-books fail to regard of sufficient importance for publication. The younger men of the profession will find rules and directions here for emergencies, doses of important drugs with their incompatibles and a great amount of in-

formation difficult to obtain without searching a wider range of authorities than is often at hand, while the older physicians can profitably employ their time in scanning its pages, if for no other purpose than to brush away the cobwebs from their opinionated minds on many subjects in regard to which they are often unconsciously ignorant.

Dr. Dunglison furnishes a very clear description of the metric system and its relation to the system now adopted in the United States Pharmacopœia. He also gives practical hints in matters of medical etiquette, baths, examination of urine, poisons, disinfectants, the use of galvanic battery in medicine and surgery, etc. Included in the work are "dietetic rules and precepts" in which the preparation of a suitable dietary for the sick is given with special forms of diet for the diabetic; also rules for testing and disinfecting impure drinking water, how to conduct post-mortem examinations, etc.

It will be seen the author has gathered from a great variety of sources, much useful knowledge which young men absolutely require in the earlier years of practice. We recommend the work as a valuable compend. The profession, appreciating the Medical Dictionary, of which our author is the editor, have in this work a further reason to respect his labors.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M. D., Lond. F. R. C. P. Third American, from the third London Edition, revised and enlarged. With one hundred and thirty illustration. Philadelphia: Lindsay & Blakiston. 1880.

Dr. Hewitt's work is recognized as authority by the profession of Great Britain, and it has taken rank in this country with such works as Thomas, Emmet, and Byford, in the special department to which it is devoted. The third edition is essentially a new work, and gives the latest views upon diseases of women. Dr. Hewitt is an exponent of the mechanical system of uterine pathology. He embodies here the results of large experience, im-

parting a clinical character to the work, which renders it all the more valuable.

Upon many of the subjects here treated, the author differs from our American writers, and emphasizes his opinion in very positive language. Especially is this true in regard to uterine flexions. Dr. Hewitt formulates his opinion upon these displacements as follows: "Disease of the uterus, the essence of which is a change of shape," by which he implies that the flexion is the most important element in the matter. In this respect many would disagree with the conclusions he arrives at, while not differing essentially in the measures he adopts to overcome the displacements. The chapter devoted to dysmenorrhœa is very clear and comprehensive, and offers the best exposition of this painful complication of the menstrual condition we have seen in any text book. The author also devotes a chapter to "Nervous disorders referable to the uterus," in which he takes occasion to direct attention to flexion as a causative element in the production of these derangements.

Indeed the work is replete with the most advanced opinions and suggestions on all the subjects of which it treats, and may well be accepted as a valuable contribution to the literature of the important class of diseases to which it is devoted. It is a gratifying evidence of the study now directed to diseases of women, when in a few years, our author across the water, with Emmet, and Thomas, and Goodell, on this continent, have issued from the press, these scholarly contributions to medical science.

Sea-air and Sea-bathing. By JOHN H. PACKARD, M. D., Surgeon to the Episcopal Hospital, Philadelphia. Presley Blackiston, 1012 Walnut street, 1880. Buffalo: Peter Paul & Bro.

This is number eleven of the American Health Primer series, and contains many suggestions in regard to the use of sea-water, as a hygienic measure, which will be profitable to those who seek the sea-shore for restoration of impaired health. It is a capital little work which we take pleasure in recommending.

Fracture of the Patella. A study of one hundred and twenty-seven cases.
By FRANK H. HAMILTON, M. D. New York: Chas. L. Birmingham & Co.,
1880.

The distinguished writer has in a neat little book presented his experience of fracture of the patella, based upon the study of 127 cases, of which 54 have come under his own observation, the rest are taken from the records of Bellevue hospital. Every case is reported separately; cause, treatment and result being noticed, and at last a summary of all the cases is given. The different methods of treatment and their value are fully explained, and altogether it sustains the high reputation of the author.

Naso-Pharyngeal Catarrh. By MARTIN F. COOMES, M. D., Professor of Physiology, etc., in the Kentucky School of Medicine, Louisville, Ky. Bradley & Gilbert, Publishers. 1880.

Any physician, who has had much experience with that bug-bear, nasal catarrh, will appreciate this monograph. It goes thoroughly over the ground, considering first, the anatomy, examination and general medication, and then the different forms of catarrh, with their symptoms and special modes of treatment. The book, even if it does not offer anything new, will be welcomed by the general practitioners, for whom it is written.

The Medical Register of New York, New Jersey and Connecticut.
WILLIAM T. WHITE, Editor. Putnam's Sons, Publishers.

If this were only a list of physicians, it would even then be a convenient book for any practitioner. It contains in addition, however, a number of facts relating to the profession which one has frequent occasion to refer to. It gives a list of officers of the various national medical associations, mentioning also the time and place of meeting of the numerous medical associations, in each of these states. Few books, indeed, are as full of information in regard to doctors as a class, as is this small one by Dr. White of New York.

The Student's Dose Book and Anatomist. By C. HENRI LEONARD, A. M., M. D., Professor of Medicine and Surgery, Diseases of Woman and Clinical Gynecology, Michigan College of Medicine. 25th thousand. Price \$1.00. Detroit.

That this little book has reached so large a circulation is evidence of merit. It contains a wonderful amount of information condensed into so small a compass, that the student may readily carry it in his pocket. It will be found very convenient for memorizing doses and important points in anatomy.

A Treatise on Common Forms of Functional Nervous Diseases. By L. PUTZEL, M. D.

William Wood & Co., here offer to the public another volume of the "Library of Standard Medical Authors." A great deal of credit is due to that enterprising firm for thus presenting so much valuable reading matter at such a reasonable rate; and, doubtless, this book, like others of the series, will have a large sale. It is virtually a series of monographs on chorea, epilepsy, neuralgia, and on peripheral paralysis, each one of which, with its varieties and subdivisions, is taken up and treated in detail by a writer particularly qualified for the work he has undertaken.

Therapeutics. Translated by D. F. LINCOLN, M. D., from the *Materia and Medica and Therapeutics* of A. TROSSEAU, M. D., Professor of Therapeutics of the Faculty of Medicine of Paris, Physician to l'Hotel Dieu, etc., etc. H. PROUOX, M. D., Member of the Academy of Medicine, Paris, etc., etc., and CONSTANTINE PAUL, M. D., Adjunct Professor of the Faculty of Paris, Physician to the St. Antoine Hospital, etc. Ninth French Edition, Revised and Edited. Vol. 1 and 2. New York: William Wood & Co.

Trosseau's great work on Therapeutics makes three volumes of Wood's Library, and will prove a most valuable addition to the libraries of American physicians. Heretofore, though often quoted, it has been accessible only in the French. Many of the remedies commended by him have been little resorted to by physicians in this country, but their use in Europe is based

upon a mass of experience, which entitles them to careful attention. We hope that all our readers are subscribers for "The Library." Every volume of the series published has been of notable value.

American Newspaper Directory. New York: GEO. P. ROWELL & Co.

During the past year a prospectus of this work was sent us with a request for information. We supposed it to be chiefly an advertising "dodge," and paid no attention to the request. We now find on our table a handsome volume of over one thousand pages, containing a great many advertisements, it is true, but also apparently accurate lists of all the newspapers and periodicals published in the United States, Territories and the Dominion of Canada. The work shows a vast amount of care and labor in its preparation, and we suppose that the information furnished is fairly reliable. It is sufficiently annoying to find THE JOURNAL credited with about half its present circulation, and still edited (according to the Directory) by Dr. Miner; but we cannot fairly blame the publishers for the error, as we failed to give them the information asked.

BOOKS AND PAMPHLETS RECEIVED.

Atlas of Human Anatomy, (parts v to xiv.) Arranged according to Drs. OES-TERREICHER and ERDL; containing 180 large plates. A. E. Wilde & Co., Cincinnati.

Eighth Annual Report relating to the registry and return of births, marriages and deaths in Michigan, for the year 1874, by the Superintendent of Vital Statistics. HENRY B. BAKER, M. D.

Malaria and its Effects. J. W. YOUNGS, M. D.

The Invention of Anæsthetic Inhalation. By WILLIAM T. MORTON, M. D. D. Appleton & Co., New York.

Hygiene of Catarrh. By THOS. F. RUMBOLD, M. D. Geo. O. Rumbold & Co., St. Louis.

Atlas of Skin Diseases. LOUIS A. DUHRING, M. D. Parts vii. J. B. Lippincott & Co., Philadelphia.

Transactions Missouri State Medical Association, 1880.

CHIAN TURPENTINE

Introduced by Professor Clay, of Birmingham, Eng., as a remedy in Cancer. We can supply moderate quantities of the genuine drug.

TONGA.

A remedy introduced from the Fiji Islands Highly recommended by Drs. Ringer and Murrell, as a remedy in neuralgia.

HOANG NAN.

This new drug is in high repute in its native habitat, Anam and Tonquin, as a remedy in leprosy and in the bites of poisonous reptiles. It has been used with marked benefit in scrofula, constitutional syphilis, and in affections calling for the employment of a tonic alterative.

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An alterative of pronounced activity, especially in affections of a scrofulous nature. In chronic non-inflammatory skin diseases it may be given internally, and applied locally.

In leprosy, it has no equal in the materia medica.

—GOA POWDER.—

The source of Chrysophanic Acid, of which it yields 80 per cent. It may be advantageously substituted for the acid which is now well known for its efficacy in skin diseases, such as chronic eczema, psoriasis and other non-inflammatory affections of the skin.

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NEW AND RARE DRUGS.

—MENTHOL.—

Otherwise known as Japanese Peppermint, is a valuable external application in neuralgia, particularly of the facial and intercostal variety. It is the basis of Po-ho-yo, long a secret preparation highly prized in neuralgia. It has met with much favor since its introduction into this country.

GURJUN BALSAM.

The following is a favorite prescription in the hospitals of Paris, as a remedy for gonorrhea.

R Gurjun Balsam, 3j.
Gum Arabic, 3j.

Infusion of star
Anise, - 3X.

Make an emulsion, to be taken in tablespoonful doses after each meal.

Alstonia Constricta.

A remedy sometimes confounded with Dita Bark or A. Scholaris, but not so active as that drug. It is, however, an active tonic, and may be employed with benefit in convalescence from ague.

Alstonia Scholaris.

Commonly known as Dita Bark, is a valuable anti-periodic and tonic, reputed also to have an helminthic properties.

Waring says that it has proved valuable in chronic diarrhoea and the advanced stage of dysentery.

EXTRACT DUBOISIA.

This new mydriatic is introduced as a substitute for atropia, being more prompt in its action, and attended with none of the local or constitutional disturbance peculiar to the belladonna alkaloid. It is largely employed in eye practice.

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Histological Set, containing 24 slides, - - - - \$15.00

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Tumor Set, containing 20 slides, - - - - \$15.00

Selections from these sets and miscellaneous slides \$7.50 per doz. single stained; \$10.00 per dozen double stained.

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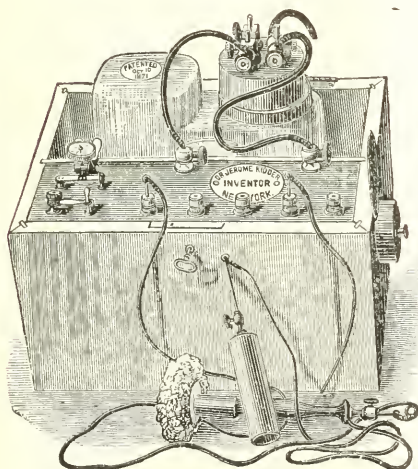
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Dr. Seiler begs the favor of the medical profession to send him all the larynxes obtainable from post-mortems, as he is engaged in the study of the normal and pathological histology of the Larynx. Packed in sawdust, moistened with strong alcohol. Specimens can be sent by Express.

Dr. Jerome Kidder's Electro Medical Apparatus,



For which he has received 21 Letters Patent for improvements, rendering them superior to all others, as verified by award of First Premium at Centennial; also, First Premium by American Institute from 1872 to 1879 inclusive, and in 1875, Gold Medal.

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A most perfect and convenient apparatus, the invention of Dr. Kidder. We also manufacture superior Galvanic Batteries, from 6 to 36 cells; also Pocket Induction Apparatus. Beware of Imitations. For the genuine, send for Illustrated Catalogue.

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This invaluable preparation produces all the anodyne, sedative, anti-spasmodic and diaphoretic effects of other opiates, without giving rise to the nausea, prostration, loss of appetite, and depression of spirits, which are so apt to follow the use of the latter, and are sometimes so distressing as to preclude the employment of such articles where they would otherwise be strongly indicated.

Chlorodyne is free from any such objection. It has been very extensively prescribed by the most eminent physicians, both in this country and abroad, and has gained steadily in favor, the longer it has been tried. It relieves pain, relaxes spasm, soothes the irritated nerves, and promotes sleep without inducing any unpleasant after-effects.

These advantages are especially marked in all forms of Gout, Rheumatism and Neuralgia; in Colic, Diarrhoea, Dysentery, Cholera Morbus, and Asiatic or Epidemic Cholera. (The testimony to its virtue in this latter affection, from those who have had abundant opportunity for witnessing its trial in India and elsewhere, is positive and convincing); in painful menstruation, or Dysmenorrhoea, in Uterine Colic, and in Hysteria.

In cases of Insomnia or Sleeplessness, especially in those due to the effects of dissipation, with great irritability of stomach.

In cases of Asthma, Bronchitis, Consumption, Whooping-Cough, Angina Pectoris, and in all chest diseases attended with pain.

In Renal or Nephritic Colic, from the passage of a stone from the kidney to the bladder.

In Tetanus, Epilepsy, and in many forms of convulsions.

It will be found specially useful in the Neuralgic and other headaches from which females suffer so severely, as its use does not induce the disagreeable relaxing effect almost invariably the case with all other Anodynes.

We might extend and particularize this list to a much greater length, but it would be needless to do so.

We believe physicians will find the Chlorodyne manufactured by us superior to the English, or any other made in this country. We use the Ext. Cannabis Indicæ manufactured by Peter Squire, of London.

DIRECTIONS.—The Adult dose of our Chlorodyne is twenty drops, to be repeated, if relief is not experienced, every hour or two, until three doses are taken. Even this quantity may be increased, but only by direction and advice of the physician. The dose for children, from five to ten years of age, is from three to ten drops repeated as often.

(It should be remembered that on account of its pungency, this article should always be administered in a little water or syrup, when it is not combined with other remedies.)

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1880-1881.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session. THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Text Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

ISAAC E. TAYLOR, M. D. Emeritus Professor of Obstetrics and Diseases of Women and Children and President of the Faculty.	
JAMES R. WOOD, M. D. LL. D., Emeritus Professor of Surgery.	FORDYCE BARKER, M. D. LL. D., Prof. of Clinical Midwifery & Diseases of Women
BENJAMIN W. MCCREADY, M. D., Emeritus Professor of Materia Medica and Therapeutics and Prof. of Clinical Medicine.	
AUSTIN FLINT, M. D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.	A. A. SMITH, M. D., Prof. of Materia Medica and Therapeutics, and Clinical Medicine.
W. H. VAN BUREN, M. D. LL. D., Prof. of Principles and Practice of Surgery, Dis. of Genito-Urinary System, and Clinical Surgery.	AUSTIN FLINT, JR., M. D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
LEWIS A. SAYRE, M. D., Prof. of Orthopedic Surgery and Clinical Surgery.	JOSEPH D. BRYANT, M. D., Prof. of General, Descriptive & Surgical Anatomy.
ALEXANDER B. MOTT, M. D., Prof. of Clinical and Operative Surgery.	R. OGDEN DOREMUS, M. D. LL. D., Prof. of Chemistry and Toxicology.
WILLIAM T. LUSK, M. D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.	EDWARD G. JANEWAY, M. D., Prof. of Path. Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D., Professor of Ophthalmology and Otolary.	
J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.	LEROY MILTON YALE, M. D., Lecturer Adjunct on Orthopedic Surgery.
EDWARD L. KEYES, M. D., Prof. of Dermatology and Adjunct to the Chair of Principles of Surgery.	BEVERLY ROBINSON, M. D., Lecturer on Clinical Medicine.
JOHN P. GRAY, M. D. LL. D., Professor of Psychological Medicine and Medical Jurisprudence.	FRANK H. BOSWORTH, M. D., Lecturer on Diseases of the Throat.
ERSKINE MASON, M. D., Clinical Professor of Surgery.	CHARLES A. DOREMUS, M. D., Ph.D., Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.
JOSEPH W. HOWE, M. D., Clinical Professor of Surgery.	FREDERICK S. DENNIS, M. D. M. R. C. S., WILLIAM H. WELCH, M. D., Demonstrators of Anatomy.

FACULTY. FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M. D., Lecturer on Pharmacology.	T. HERRING BURCHARD, M. D., Lecturer on Surgical Emergencies.
WILLIAM H. WELCH, M. D., Lecturer on Pathological Histology.	Lecturer on Normal Histology.
CHARLES A. DOREMUS, M. D., Ph.D., Lecturer on Animal Chemistry.	CHARLES S. BULL, M. D., Lecturer on Ophthalmology and Otolary.

THE FEES for the REGULAR SESSION are as follows:—Fees for the first and second year, each, \$140; Fees for all third-year Students and for all Graduates of other Colleges, \$100; Matriculation Fee, \$5; Dissection Fee (including material for dissection), \$10; Graduation Fee, \$30, or \$10 for each of the three yearly examinations. The following are the FEES for the SPRING SESSION:—Matriculation (Ticket valid for the following Winter), \$5; Recitations, Clinics and Lectures, \$35; Dissection (Ticket valid for the following Winter), \$10.

MATRICULATION EXAMINATION.—The matriculation examination will consist of English composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examination will be waived for those who have received the degree of A. B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation examination from the principal or teachers of any reputable high school, and those who have passed a matriculation examination at any recognized medical college or at any scientific school or academy in which an examination is required for admission.

For the Annual Circular and Catalogue, giving full Regulations for Graduation and other information, address

Prof. AUSTIN FLINT, Jr., Secretary Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

FACULTY.

JAMES P. WHITE, M. D., Professor of Obstetrics and Gynecology.
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopædy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee: (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee \$25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.00 to \$6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,

BUFFALO, March, 1880.

210 DELAWARE ST.,

Secretary of the Faculty